CNMA Collaborations and Projects

CNMA Annual Meeting Oct 7, 2017
About CMQCC

• founded in 2006 in response to rising maternal mortality and morbidity rates

• multi-stakeholder organization committed to ending preventable morbidity, mortality and racial disparities in California maternity care

• uses research, quality improvement toolkits, state-wide outreach collaboratives and its innovative Maternal Data Center (MDC) to improve health outcomes for mothers and infants
CMQCC Toolkits

- Toolkit to Support Vaginal Birth and Reduce Primary Cesareans (2016)
- Improving Health Care Response to Obstetric Hemorrhage, V2.0 (2015) (V1.0 released in 2010)
- Improving Health Care Response to Preeclampsia (2014)
- Elimination of Non-medically Indicated (Elective) Deliveries Before 39 Weeks Gestational Age (2010) (Licensed to March of Dimes)
Maternal Data Center (MDC) Tracking Laboring and Delivering Providers

Overall CMQCC Goals

- Long Term: Enhance general knowledge
  - Evaluate the impact of CNMs on delivery practices and outcomes

- Short Term: Support hospital quality management
  - Track and compare the delivery volumes, practices and outcomes of individual providers in the Maternal Data Center (MDC)
Maternal Data Center (MDC) Tracking Laboring and Delivering Providers

CNMA Goals

• Utilize this information in legislative and public policy work

• Encourage CNMs to become leaders in the perinatal QI environment, contributing data to the MDC Laboring Provider Project
What is the MDC?

• An online web tool that generates near real-time data and performance metrics on maternity care services for hospital participants

• Hospitals submit patient discharge data to the MDC, which instantaneously links the discharge data to birth certificate or clinical data

• Approximately 200 hospitals participate

• New option: For any delivery, hospitals will now be able to track both the Laboring and Delivering providers
New MDC Option

• Accurately attribute outcomes to the provider who managed the labor, aka the Labor Care Provider

  - Ability to attribute cesarean and operative vaginal births to CNMs that manage labors

  - Calculate provider-level metrics based on the provider’s role: laboring vs. delivering
User Group Meeting:
Provider Reports in the CMQCC Maternal Data Center (MDC)

• Friday, October 13th: 12-1 (Pacific Time)

• Registration not required

• To introduce new MDC data collection features enabling hospitals to report on Labor Care Providers (in addition to Delivering Provider) and allow easier “clean up” of Provider names within the MDC.

• [https://stanford.zoom.us/j/637259313](https://stanford.zoom.us/j/637259313)

• Dial: +1 646 558 8656 (US Toll) or +1 408 638 0968 (US Toll)
  Meeting ID: 637 259 313
Pacific Business Group on Health (PBGH)
About PBGH

• A non-profit member organization of large, private employers and public agencies with concerns about the high cost and poor quality of healthcare

• A powerful voice for consumers and patients in the U.S.

• Use the clout and concentrated power of Member organizations to test innovative healthcare methods in specific markets, and then scale successful approaches across the U.S.

• Conduct educational forums, user groups, and networking events to maximize our Members’ impact.
Impact

- Launched the first public website displaying health plan, hospital and medical group quality and patient experience data
- Influenced the drafting of the Affordable Care Act to emphasize federal value purchasing and accountability
- Represented purchasers in the Meaningful Use Health IT roll-out
- Implemented the Intensive Outpatient Care Program (IOCP) for Americans with serious chronic illness in five states
Interest in Midwifery

- Transform Maternity Care
  - drive down the low-risk C-section rate, beginning in certain California markets and then targeting other problem areas in the U.S
  - funded by the California Healthcare Foundation and the
Call to Action

• leverage data for improvement through market power to pressure hospitals performing below standards

• implement consumer education and decision support for expectant mothers

• redesign payment methods - blended-case rate that compensates MD/hospital he same for vaginal and cesarean births

• review benefits design to encourage utilizing value-based maternity services such as doulas and midwives
Making the Business Case for CNMs

- funded by California Healthcare Foundation and Transforming Birth Fund
- working with Milliman Financial Consultants
- increase MD and hospital understanding of the financial implications of integrating midwifery care
- create a business case modeled after a variety of hospitals and medical groups that have successfully integrated midwives by conducting interviews and reviewing financial and operational information
Other Efforts

• Work with CMQCC to obtain better data on CNM outcomes that could hopefully be publicly reported

• Work with Katy Kozhimannil, PhD (who has published widely on maternity care topics) on applied research projects re: midwives
About CHCF

- Dedicated to advancing meaningful, measurable improvements in the way the health care delivery system provides care to the people of California
- Informs policymakers and industry leaders
- Invests in ideas and innovations
- Connects with change-makers to create a more responsive, patient-centered health care system
- Supports the testing and evaluation of innovative approaches to improving care
CHCF Supporting CNMs

• Working with partners statewide to promote higher-value by reducing the rate of unnecessary c/s (PBGH, CMQCC, CNMA)

• Patient engagement
  • make maternity care quality metrics publicly available by partnering with consumer-focused organizations (Consumer Reports, Yelp)
  • incorporate accurate depictions of maternity care into TV programming (Hollywood Health and Society)
CHCF Supporting CNMs

• working with partners to better understand the issues regarding maternal mental health and to explore innovative, practical solutions for delivering mental health care to California's mothers and expectant mothers in need

• project funding to understand the problem better and innovate solutions
  • CHCF Almanac report describes the status of maternity care relating to mental health (2016)
  • Supported the statewide task force on maternal mental health (The California Endowment)
  • “Listening to Mothers in California Survey” (National Partnership for Women and Families) (in process)
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CHCF Future Health Care Workforce Development

- Cultivate a workforce that delivers smarter, more affordable care

- Develop a new generation of health professionals with roles, skills, and workflows that match our latest understanding of how best to deliver high-quality, high-value care

- Launched the CA Future Health Workforce Commissions along with a few other funding partners to recruit, educate, and sustain a diverse health and health care workforce (Bue Shield of CA, The California Endowment, The California Wellness Foundation)

CHCF Leadership Development Program

- 2yr fellowship for 32 multi specialty and multidisciplinary clinician leaders

- Addresses health care issues from the perspective of business management and public policy

- Fellows broaden their leadership skills and sharpen their leadership capacity while gaining insights into the trends and challenges facing healthcare in CA

- For CNMs, an opportunity to increase visibility of our profession and promote the CNM Value Proposition
544 Fellows in 17 Cohorts: 4 Midwives
Midwives in the Mainstream: From Practice Sustainability to Transforming Maternity Care in California

Sheri Matteo, Director of Midwifery, smatteo@primafoundation.com
Prima Medical Foundation, Novato, CA http://primamedgroup.com/, https://www.maringeneral.org/

Problem Statement

Delivery reimbursement at Marin General Hospital (MGH) does not cover the cost of the OB/GYN/Certified Nurse Midwife (CNM) hospitalist program. This threatens culturally competent inpatient/outpatient care for the publicly insured (FQHC) patients and the midwife option currently available to privately insured (Prima) patients.

Initial Discovery

Phase 1: Marin maternity community interviews - 12 CNMs, 5 MDs, 6 administrators

Takeaways:
- CNMs are integrated into most practices as physician extenders.
- Fundamentally flawed business models for CNM utilization in traditional OB/GYN practices are unsustainable, rendering CNMs expendable.

Points considered:
- CNMs enhance/support OB/GYN workforce BUT they require “supervision” and MD back up, diminishing the workforce enhancement they provide.
- CNMs are an available, qualified workforce BUT incorporating them into a traditional private practice model initiates internal competition for productivity.
- CMS reimbursement for CNMs is 100% of MD BUT private insurance reimbursement for CNMs is variable and complicated to negotiate.

Mission Model Canvas

Key Partners
- PBGH - current project to analyze and create replicable CNM business model
- CHCF - provides funding for healthcare innovation to organizations currently invested in midwifery profession
- MBA/financial consultant supporters of midwifery - provide business acumen for midwifery business case
- CMQCC - quality data collection and information dissemination
- OB/GYNs - dictate clinical practice, influence hospital policy and programs, must agree to supervise and back up CNMs
- MGH L&D Director - ultimate responsible for L&D revenue plan, will provide budget, staff training and support

Mission Budget/Cost
- Tools: tlas $3,000 (2 tlas, 50 liners), data collection program $500/annual subscription
- Water birth study: $6,000 for 4 researchers, includes required course registration, staff time, IRB application fee
- L&D revamp: TBD, consult w/facilities mgr & L&D director
- Advertising: TBD, consult w/MGH PR/marketing dept

Mission Achievement/Impact Factors
- Increase private insurance clients delivering at MGH by 10%/mo by March 2018
- Continuously increase private insurance clients delivering at MGH by 10%/mo by March 2018
- Increase private practice clients choosing midwifery care

Key Activities
- Audit/Prima/MGH finances/business model
- CNM data collection
- Achieve buy-in from Prima/MGH admin
- Offer water birth at MGH; need in-state study, create policy, purchase equipment, train team
- Advertising/promotion

Value Propositions
- CNM option - approx 34% of private practice patients choose midwifery care for delivery at Prima/MGH
- Continuity of care - inpatient/outpatient services are integrated providing increased safety, satisfaction and better quality outcomes, CNM care for >90% FQHC patients and deliver >75%
- OB/GYN private practice revenue is based on generation of office visits and procedure reimbursement - use of CNMs increases access to MDs for office visits and surgery scheduling
- MGH is mandated to provide services for the underserved, approx 50% of all deliveries in the county; CNMs positively influence birth outcomes and enhance support and access
- OB/GYN/CNM collaborative practice model utilizes approximately 60% of hospitalist program births

Next Steps

1. GOAL: a replicable sustainable midwifery business case
   - Buy-in & Support
     - Prima administration
     - FQHC administration
     - OB/GYNs
     - Deployment
       - “Debunking the Myths of Midwifery” handout already created, Wildflower “Grow” app adopted by MGH includes info re access to midwifery care in Marin County
       - "Debunking the Myths of Midwifery" handout
       - “Grow” app
       - FQHC clients who benefit from midwifery care
       - Private practice clients who choose midwifery care
       - Beneficiaries
           - Private practice patients who choose midwifery care
           - FQHC clients who benefit from inpatient/outpatient continuity of culturally competent care
           - Private practice MDs
           - Hospital administrators

2. GOAL: increase number of private insurance clients delivering at MGH
   - "Debunking the Myths of Midwifery" handout already created, Wildflower “Grow” app adopted by MGH includes info re access to midwifery care in Marin County
     - Gather/disseminate data demonstrating maternal quality measures attained through the midwifery model of care
     - "revamp" L&D - meet client desires for spa-like environment
     - Offer in-hospital water birth - capitalize on a CNM-specific childbirth support option that addresses women’s desires for customized care and low intervention (requires participation in national water birth study, IRB approval and training underway)

Lessons Learned

- Efforts to identify and promote the value proposition of midwifery care should be undertaken and information disseminated widely.
- Legislative removal of MD supervision of CNMs is vital to the sustainability of the profession of nurse-midwifery in CA.
- Midwifery education needs to include the business of midwifery in the current healthcare system.

Healthcare administrators should listen to women and give them the experience they want: an experience that honors the psychosocial needs for customized support and comfort with immediate access to emergency intervention if necessary.

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Building Healthcare Leaders

- https://healthforce.ucsf.edu/leadership-training/programs/chcf-health-care-leadership-program